south ayrshire
health & social care
partnership

Care at Home in South Ayrshire:

Strategic Analysis and Way Forward

April 2023

NHS Ayrshire & Arran

south AYRSHIRE COUNCIL
Comhairle Siorrachd Àir a Deas

1.0 Introduction

Care at Home services are the backbone of provision for people who have been assessed as needing support to live independently in the community. For the purposes of this report the focus is on mainstream care at home services which are delivered primarily to older people living in the community.

In South Ayrshire the service comprises a "reablement service" and a "maintenance" service. The latter service is split between "in-house" and externally commissioned provision. The majority of these maintenance services are commissioned from independent (private) providers, 6,625 hours per week or 71% of total care hours delivered.

In recent years there has been significant investment in a number of areas including; re-ablement, re-grading the in-house staff, the implementation of a call-monitoring system, increases in pay rates for private providers, a new contract for commissioned services and an investment in managerial capacity.

Despite these pro-active and positive developments recent experience is that the service is struggling to meet the demands made upon it; Waiting lists for service in both the community and in hospital have risen sharply; a number of providers have either ceased to trade or handed back significant elements of provision; recruitment for both in-house and external providers has been extremely challenging with the result that there are large numbers of vacancies and staff have moved on from social care.

This report is intended to map out the recent history, current service model and offer a positive programme for redesigning the service over the next year.

2.0 Background

2.1 Current In House Service Model

In house care services comprise both the **Reablement** and **Maintenance** (to be renamed as part of the redesign) services. The function of these two services is outlined below:

2.1.1 Reablement

The Reablement Service provides holistic assessment, goal setting and therapeutic intervention to adults over the age of 18 who have a care or support need with the aim of maximising independence. Referrals are received from service users, their families or informal carers, other professionals, and hospitals to support safe discharge to the community. An initial strengths-based holistic assessment is undertaken to identify service user personal outcomes and agree strategies to achieve these. Equipment and telecare needs are identified and met if within criteria, if not, information and advice for self-purchase is provided.

Home carers support the service user to achieve their activities of daily living goals as identified at initial assessment including; food and drink, continence care, personal care, medicines, life skills and moving and handling.

Ongoing review is undertaken throughout the intervention period through weekly feedback meetings, regular discussion with service users and their families and ongoing assessment from occupational therapists and other competent staff. The support level is adjusted throughout the intervention period using the review system described.

The goal is to ensure that the individual receiving support is fully involved in all aspects of their care and support in line with My Support My Life, Section 2 “I am fully involved in all decisions about my care and support”.

The approach is person-centred, and rehabilitation focused. Reablement will support individuals to regain skills and promote their independence to enable them to manage their activities of daily living. Support is usually provided for a maximum of 6 weeks, however this can be shorter or longer depending on individual need.

2.1.2 Maintenance Service

The current service model for in house services is based on a “time and task” model. In other words, care is allocated in 15 min slots depending on need and availability with a maximum of 4 times per day being offered. Tasks include personal care, dressing, continence care, support with medication, food prep, moving and assisting and in and out of bed.

Referrals are received either from the reablement service, (once a persons reablement journey is complete and they require maintenance care), or from locality social work teams to support people in the community and prevent them from requiring hospital or a care home placement

They are received directly by the care sourcing team. The service requirement is then either allocated for delivery by one of the care providers or an in-house team.

The team is divided currently into 4 localities each of which are managed by a supervisor and 2 assistants, who manage rotas and staff in the area. The management capacity was strengthened following the 2021 review of mainstream services and additional assistant supervisor posts were created, with a view to managing absence in a more timely manner to support capacity better.

Care is organised on a rota basis, with all relevant information being stored on an electronic call monitoring system, CM2000. Data is gathered from CM2000 on an ongoing basis to inform care needs in a dynamic way.

In addition there are support teams consisting of Quality Assurance, CM2000 and Sourcing which together work collaboratively to manage capacity and demand. These teams also carry out training needs analysis, a range of QA functions such as spot checks and audits, performance data collection and liaison with social work and other stakeholders.

2.2 Externally sourced provision

In April 2022, at the request of the IJB, South Ayrshire Council carried out an exercise to renew its framework agreement with care at home providers. The new framework agreement is a flexible one to meet the needs of residents and allows allocation of work across a range of factors. These include, but are not limited to; geography, service user need, availability, and is 100% weighted to quality of service provision.

As a result of this new framework, work is now underway to deliver block contracts and more collaborative models of working, with innovative solutions being encouraged and enabled. It also allows us to add new providers to the framework on a regular basis should the need arise, none of which was possible with the previous, framework. SAC currently commissions care from seven providers (Balmoral, Constance Care, TLC, Cairllum Care, Delight, BRICC, Cera Care).

Over the last 12 months two providers have ceased to trade in South Ayrshire; Hazelhead and Homecare by Hera and other providers have handed back large volumes of care hours.

Providers across the independent sector also provide care on a “time and task” basis but do not pay their carers for rota gaps. This creates inefficiencies and also issues for staff who do not have full rotas. A number of issues impact on the ability to fill these gaps and we are working on a more collaborative model for sharing work.

Relationships with partners are good with regular communication, forums, training (including leadership training), recruitment events and in person events to support collaborative working and mutual support across South Ayrshire. The Quality Assurance Team provide oversight of quality assessing providers against the standards set out in the framework, working with providers to develop and deliver on improvement action plans where necessary and driving improvement across providers. There is an appetite for change but progress is slow due to operational demands.

2.3 Referral routes

Currently the route into mainstream is through one of two pathways:

i) Via reablement (hospital)
ii) Via social work (community)

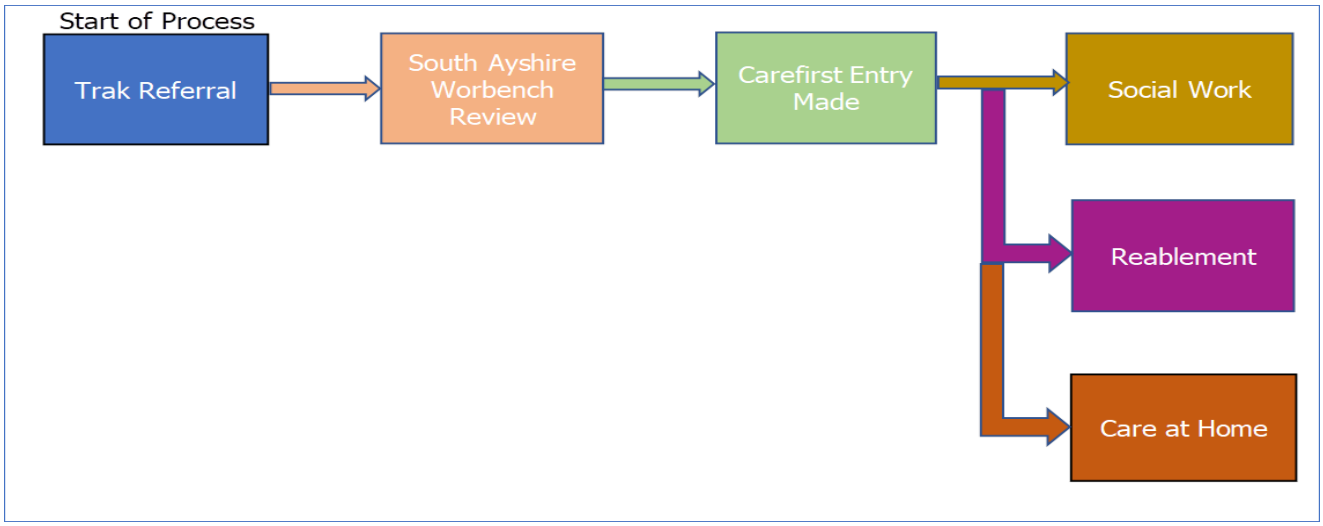

Figure.1 - Referral Overview

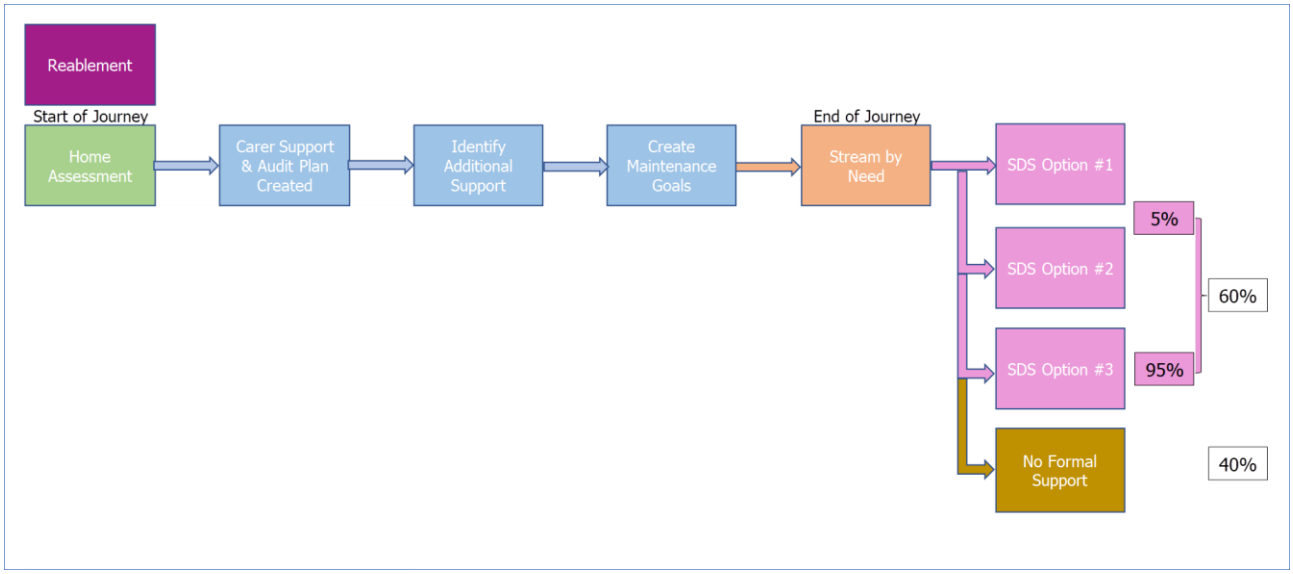

Figure.2 – Reablement Referral Process

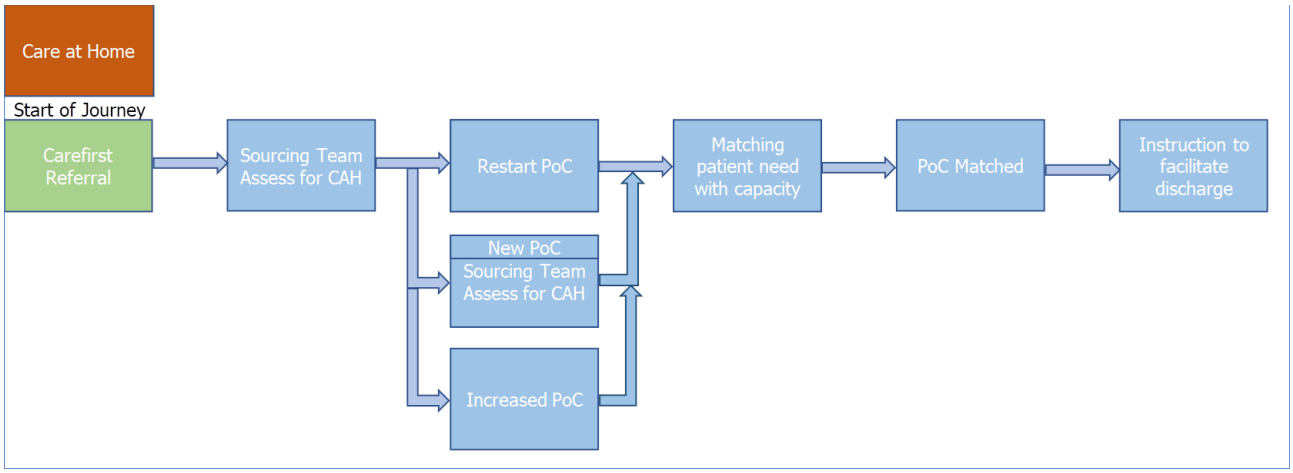

Figure.3 - Mainstream Referral Process

3.0 Service Development History

The service has been subject to a number of reviews and improvements over recent years.

3.1 **2016**: **Full Service Review** was undertaken with support from an external consultant which resulted in a number of improvements. At that time there was a need to significantly improve the clinical performance of the in-house service which following critical inspections by the Care Inspectorate. Since that time the service has received positive inspection reports.

3.2 **2019: Redesign and enhancement of the Reablement Service.** The redesign separated reablement and mainstream with a change in the management structure to ensure that the reablement service was not simply seen as an adjunct to the mainstream service. This was done at the same time as implementing a redesign of Reablement which provided significant investment, additional capacity, leadership and focus within the

service with the aim of maximising people's independence and reducing demand on Care at Home Services.

3.3 2019: Investment in CM2000. Implementation of a digital rostoring and monitoring system for both in house and commissioned services with the aim of improving the efficiency and transparency within both.

3.4 2020: Pay and conditions for care staff. Over recent years there have been concerns that the recruitment and retention of staff has been difficult within both the in-house and private services. A key concern has been the level of remuneration for these staff groups. In-house staff were regraded in 2020 from grade 4 to grade 5, as illustrated in the table below. In parallel there have been rises in hourly rates for external providers meaning that both in house and commissioned care at home staff are paid more in South Ayrshire that in the neighbouring partnerships.

3.5 2021: Maintenance Review In 2021 a further review was commissioned into the role, function and purpose of mainstream home care, following the separation of the service from reablement. A key aim was to ensure that there was a clear identity and purpose for the mainstream service. The review concluded that the team should be restructured, referral processes reviewed, a review team be developed, external capacity be managed by the team, a recruitment programme be developed including offering flexible contracts, a palliative care team created and that out of hours arrangements be reviewed. (see appendix 6)

3.6 2021: Palliative care team. In 2021 the IJB agreed to fund an extra 18 posts to create a palliative and end of life team with the aim of ensuring immediate support was available for those who required palliative and end of life care. Posts were created and a number of staff came forward with an interest in this particular area of work. However due to recruitment challenges at this time the vacancies created by these posts remained unfilled and therefore staff couldn't be released. Work with Ayrshire hospice commenced to look at a collaborative model of providing this specific and specialist care but was not viable due to capacity issues. This remains an outstanding work stream and will be a focus of 2023s recruitment.

3.7 2022: Reablement Unmet Needs Assessment Team. In June 2022 the IJB agreed to the establishment of the Reablement Unmet Needs Assessment Team (RUN-AT) with the aim of reviewing those in the community who are awaiting care and providing alternative supports where appropriate thereby minimising demand on care at home services. Recent improvements have been seen to community waiting lists.

3.8 2022: Absence Management Officer. Sickness absence has always been relatively high within Care at Home services, even prior to the Pandemic, averaging 7.65% in 2019. Over the last few years absence rates have risen, increasing to an average of 9.42% in 2022. In June 2022 the partnership recruited a new absence officer with the aim of minimising sickness absence, especially within Care At Home. Despite a range of activities there has been little change in the overall absence figure.

3.9 2022: Recruitment Officer. In late 2022, the IJB approved the creation of a recruitment post. The post holder is responsible for data collection, organising in person events, coordinating meetings and actioning tasks associated with advertising, recruitment and retention. There has already been a positive impact with more carers recruited in the first quarter of 2023 than was recruited during the whole of 2022. The service is now fully staffed and 55 additional posts have been authorised with the aim of these being filled by the end of 2023. The post has further impacted on the end to end recruitment process reducing his from 7 to 3 weeks.

4.0 Current Pressures

Despite all of the improvements set out in section 3.0 the pressures on the service remain significant. Section 4 describes the changes in demand, capacity, activity that have resulted in the queue remaining high and until recently continuing to grow.

4.1 Demand

Our demography is characterised by a high and growing proportion of older people (11.7% aged over 75) and one of the highest dependency ratios in the world (70% in 2019 projected to be almost 90% by 2040). This translates into high and growing demand for services including and especially for care at home services. In 2018 a paper presented to the IJB set out the anticipated increase in demand for Care Home Places (Fig 4.) and Care at Home places (Fig 5) if we did nothing to redesign services and estimated an addition £1m annual revenue cost every year. It was predicted that we would require 1083 care home places and 1546 Care at Home places by 2023 and by now would have cost the IJB an additional £6m. The actual number of Care Home places is 897 and Care at Home places is 1,195 (both include those on the waiting list who are awaiting care but do not include those who still await assessment). This demographic pressure has been compounded by the recent Covid 19 pandemic which contributed to an annual increase in demand for Care at Home Services by 30% in 2021-22.

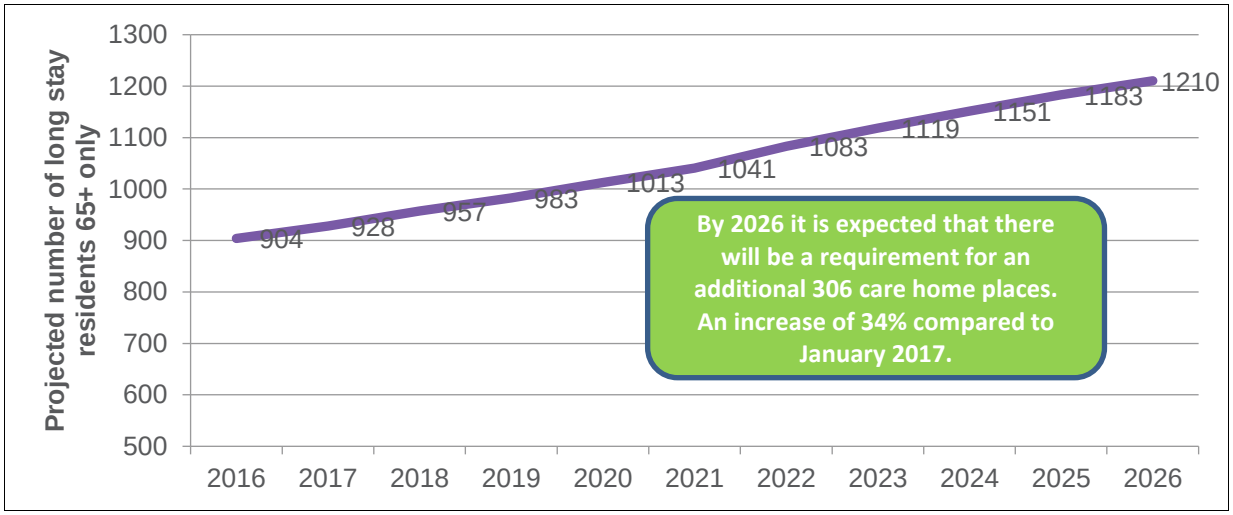

Figure 4. Projected Care Home Places as predicted in 2018.

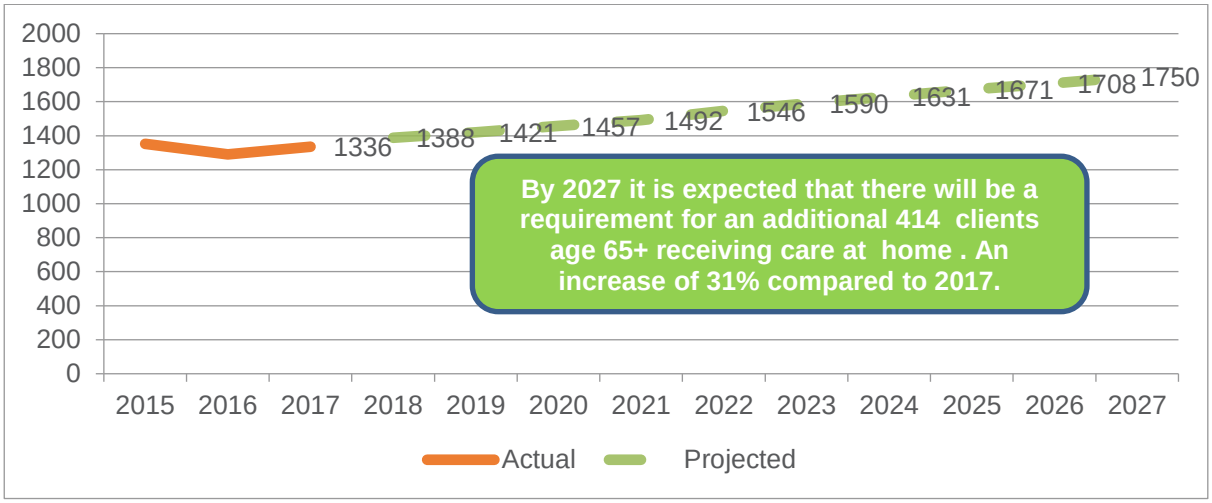

Figure 5. Projected Care at Home Places as predicted in 2018.

4.2 Capacity

4.2.1 In House Services - Care at Home have experienced real difficulty in maintaining a workforce of sufficient numbers to meet demand. However, in recent months this has improved with recent successful recruitment eliminating vacancies against traditional establishment. An additional 55 posts have now been advertised and the IJB recently authorised the transfer of £1.4m budget from the commissioned service to the in house service which should provide additional sustainable capacity. This additional capacity is beginning to have a positive impact (Fig 6.) with a net gain of almost 60 places, but is not sufficient to make up for the loss of capacity in the private sector.

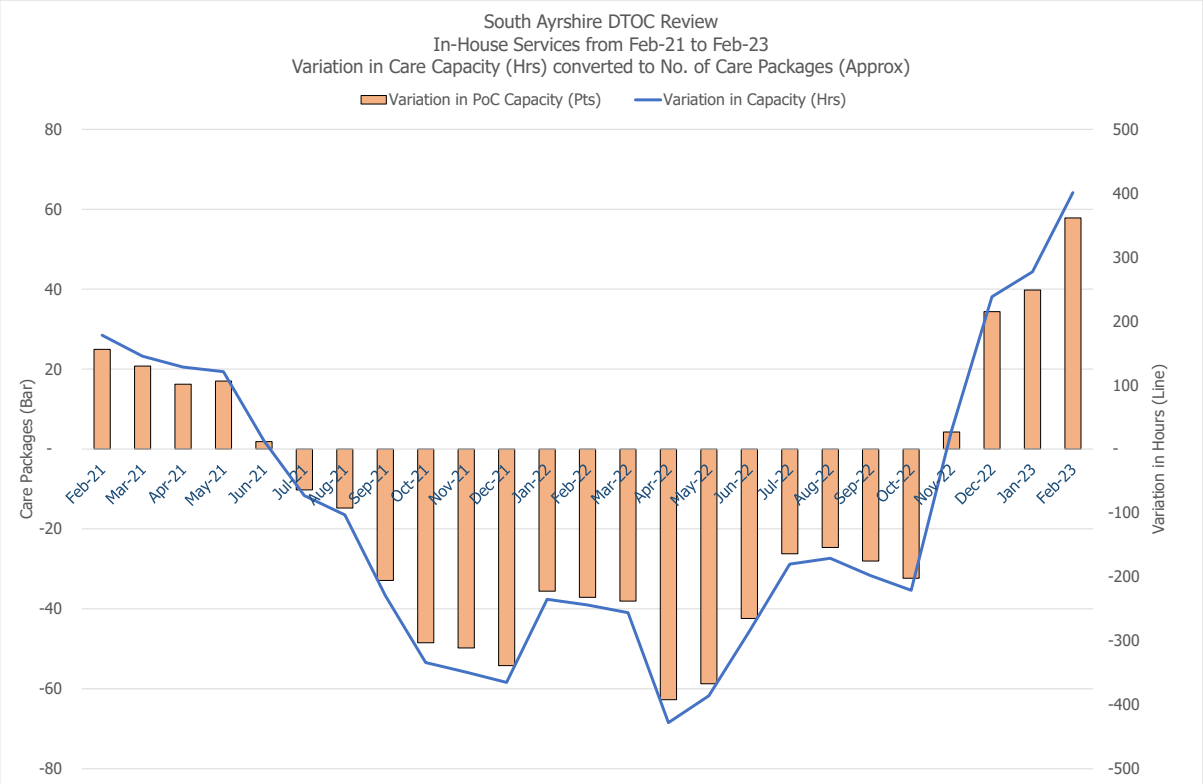

Figure 6: In House Capacity

4.2.2 Commissioned Care at Home – Private providers are also struggling to recruit and retain staff and many are either struggling to provide the quality or the quantity of care required. There has been a further 30% reduction in available capacity since September 2022, a 44% reduction overall since April 2022 within commissioned services (Fig. 7) (6700 commissioned hours per week equivalent to over 600 placements, compared to 12000 hours per week in April 2022). Taking account of the recent in house recruitment there has been a net loss of approximately 540 placements. The 2022-23 budget of £9.109m can afford 9,000 hours per week - due to the reduced capacity the budget was underutilised by 2,300 hours per week at an average hourly rate of £19.46 per hour or annual underspend of £2.327m. The IJB budget for 23-24 transferred £1.4m from the commissioned budget to increase inhouse service and reduce the commissioned budget to £7.709m, being able to afford 7,617 hour per week.

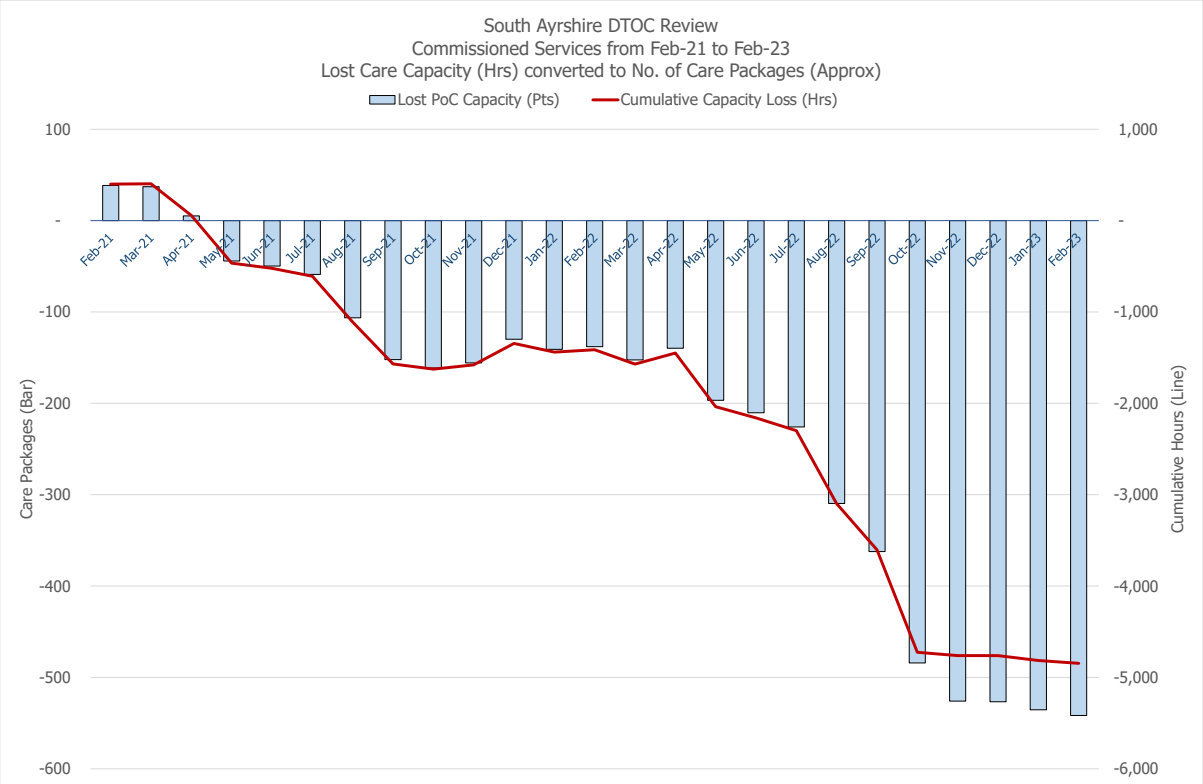

Figure 7. Commissioned Care at Home Capacity

4.3 Activity

Work has been done to understand the CM2000 data (see appendix 5). In house services deliver an average package of 7.2 hours per week and external providers deliver an average package of 8.9 hours per week (Fig. 8). Work to review care packages has resulted in the average number of hours being delivered by the private sector reducing by 10% over the last 12months but remaining 29% above that delivered by in house services.

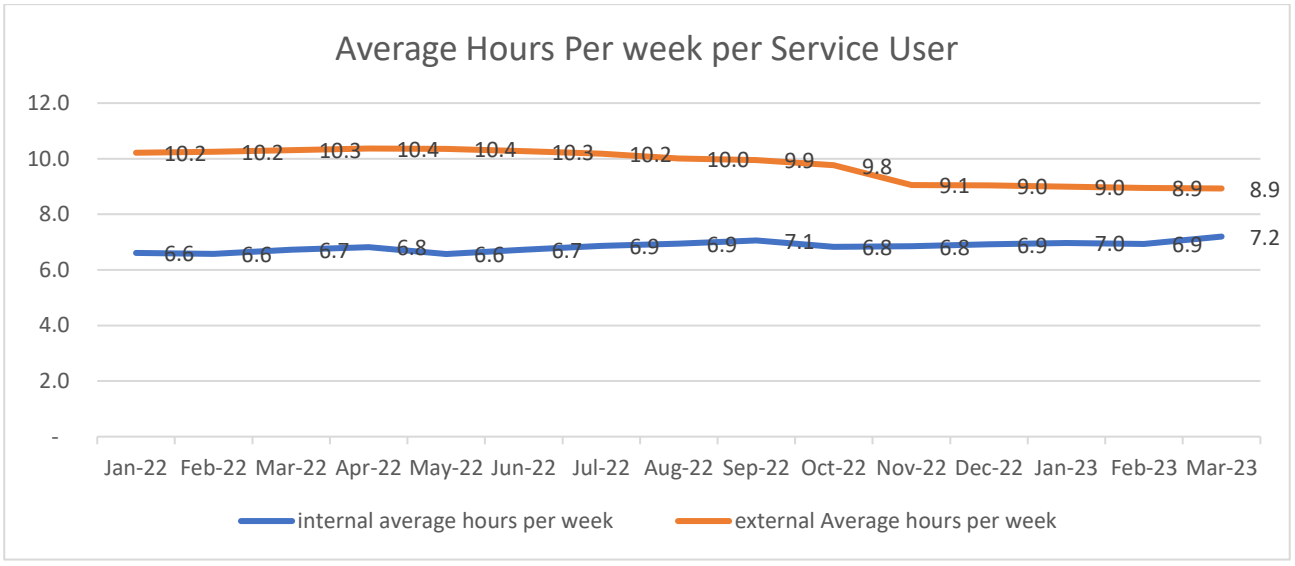

Figure 8: Average Care Package (Hours per week)

4.4 Queue

The result of rising demand and diminishing capacity has been an inevitable rise in the number of people left waiting for a service in both the community and acute hospital. However, as previously stated the improvements in recruitment and therefor capacity have led to a reduction in the backlog for both Reablement (Fig 9) and Care at Home (Fig 10).

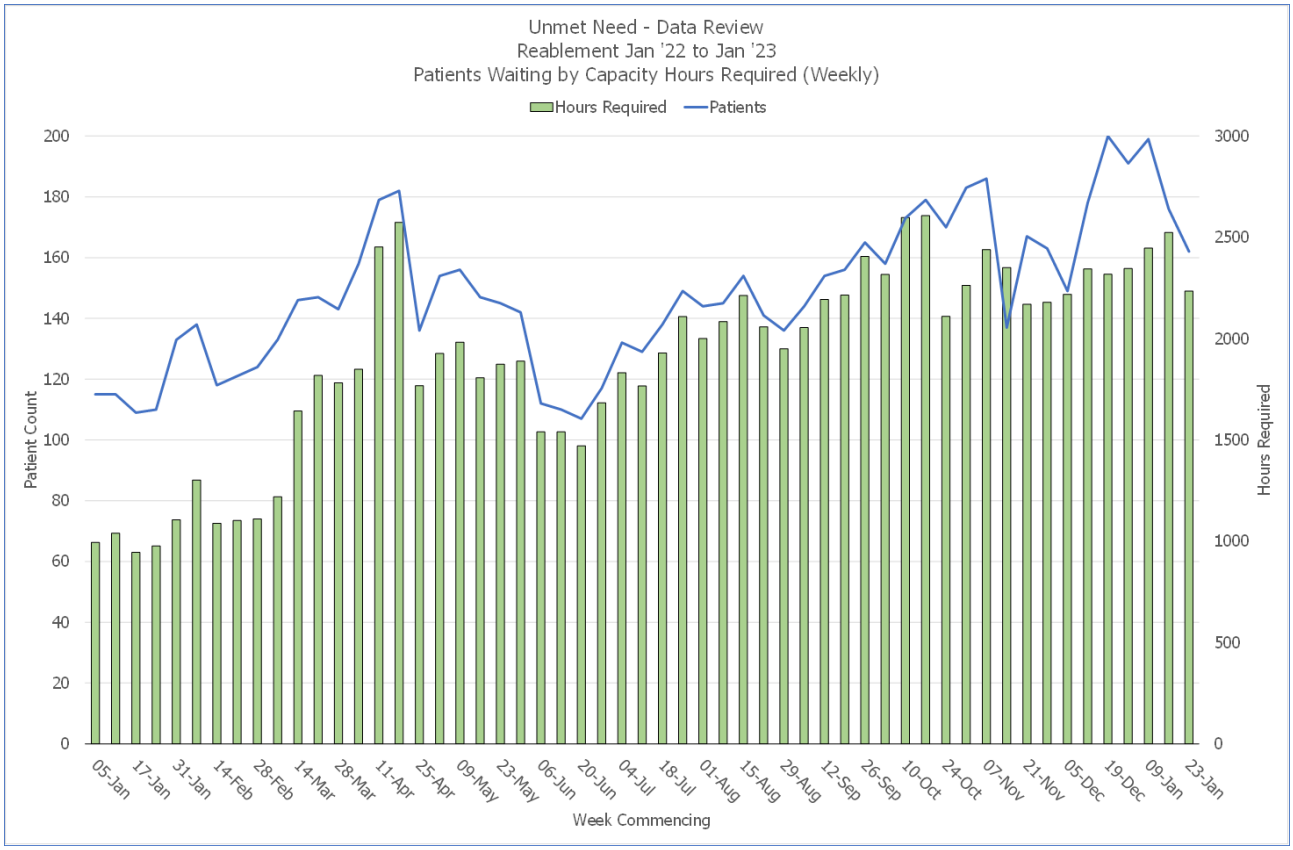

Figure 9: Queue for Reablement –

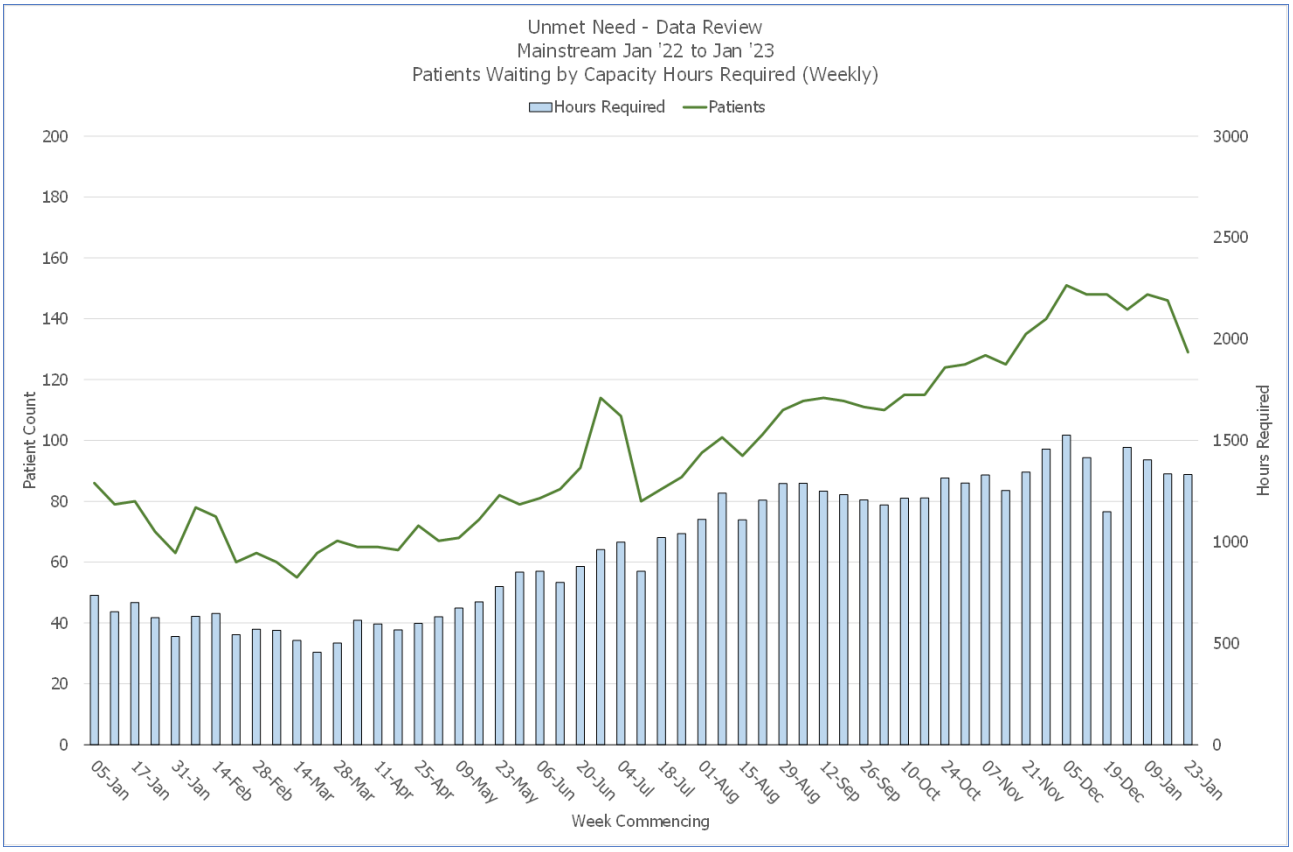

Figure 10: Queue for Mainstream

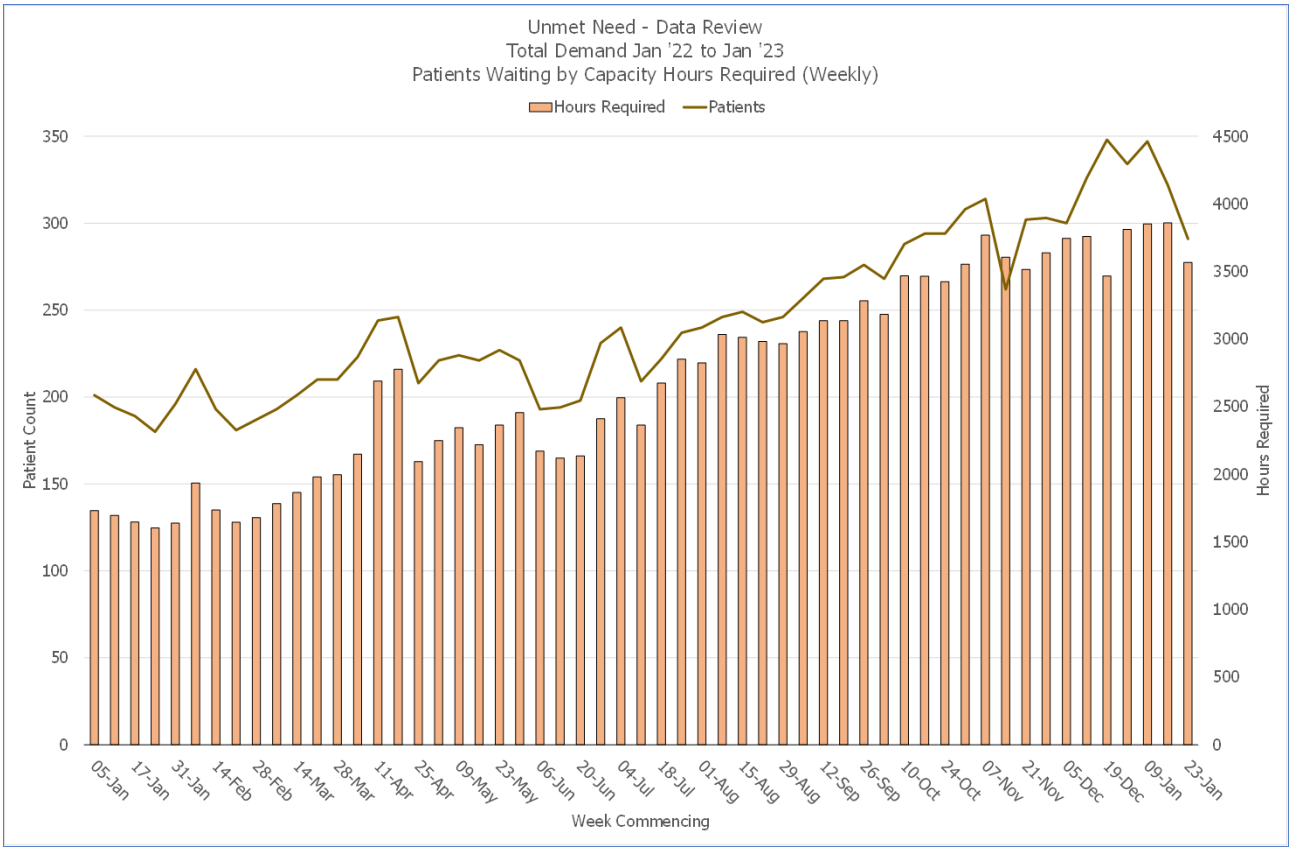

Figure 11: Queue Combining Reablement and Care at Home

5.0 Proposal: Re-Imagining Care at Home

Given the challenges described above it is proposed that there is a gradual shift in the balance of private provision towards in-house provision. This will release £2.055m from the commissioned services budget to enable investment of £2.055m in the in-house service. The service will develop a more reabling culture with a focus on personal goals and assets to maximise independence.

5.1 Benchmarking

There are a number of models across the UK which have tried new and innovative ways of delivering care at home. These have been explored and elements of them will be used in the proposals.

5.1.1 Leeds Model

This model relates to the creation of an overarching “wellbeing service”. In essence Leeds have moved to commissioning care across a full day, rather than having a gap in provision between 1 and 4pm. This time will be used for general wellbeing checks with a view to prevention rather than just reactive care giving. They are also looking at paying staff in the private sector for full shifts rather than for just the hours they work, in order to encourage retention of staff. They also plan to implement a senior practitioner role which would take on some elements of health care to support the capacity of district nurses, for example wound management and basic diabetic treatments.

5.1.2 Fife Model

Fife have developed a collaborative approach to allocation of work, creating a network of providers who have adopted this approach. They use Power BI tools to support better and more efficient workload allocation and have improved communication across the sector. They have also explored retention factors such as enhanced weekend rates of pay, supporting the sector through financial rewards for example through block purchasing and incentivising care packages. There is considerable support for this model in South Ayrshire and work is in progress to support this.

5.1.3 Action: It is proposed that South Ayrshire adopt the best of these two models providing a more holistic and proactive service that is more integrated with the work of private providers.

5.2 Locality Model

In line with the adults social work review and restructure, it is proposed that the locality teams are aligned with the social work teams, creating 6 teams (Fig 12).

This would involve the creation of a new Troon team, splitting the existing, and creating a new level 9 supervisor post and 2 additional level 7 supervisors posts. However, there is currently insufficient work to justify splitting the Maybole and Girvan team, but it is proposed that a further level 7 post is created for this area.

5.2.1 Action: Restructure to align to locality model and create new L9 post.

5.3 Rota Management

In addition, to support the ongoing rota management and efficiency, the CM team, currently managed by the level 10 senior supervisor, would have a supervisor to create a structure like the others. It has been shown that the current level 10 is not able to deputise as planned due to the high demand for rota management and support. There are a significant number of workstreams that she is unable to be involved in due to a lack of resource. Now the providers are using CM it is important that this team use the intelligence gathered to effectively target resources to reviews of care packages. There is also work with Power BI and other reports regarding in house performance that we do not have a resource for.

5.3.1 Action: Restructure to create new L9 post in the CM team.

5.4 Independence Supports

It is also proposed to create a new level 10 senior supervisor post (professionally the team would benefit from an Occupational Therapist) to develop a reablement ethos, focussed on assets and equipment that may support the person to remain at home, with a focus on preventing admission to hospital. They would also supervise and oversee the Quality Assurance Team, the Review Team and the Training Team.

5.4.1 Action: Create new L10 Independence Supports post.

5.5 Quality Assurance Team

The Quality Assurance Team is functioning well and there are no proposed changes at this time.

5.6 Review Team

It is proposed that there would be significant investment in a new team. Tests of change are already demonstrating significant benefit reducing the average number of hours per package and contributing to the reduction in the community waiting list from 300 to 70. The team will:

- Carry out reviews of POC after 6 weeks of start date
- Carry out 3-6 monthly reviews of every care package
- Advise on an ongoing basis on equipment and telehealth/ care support.
- Demand and capacity management using data from the CM team

It would consist of

5.6.1 Action: Create a permanent review team with the creation of a level 9 supervisor, 3 level 8 CCAs and 2 OTAs at level 7

5.7 Training team

As a test of change we have employed a level 7 assistant supervisor as moving and handling coordinator on a temporary basis. Since commencing her moving and handling trainer training in November, they have trained 32 staff. Creating a permanent post would add value to the team by:

- Increasing knowledge and understanding of MH equipment with a view to reducing double carers to single
- Increasing the flexibility of the training
- Scheduling to suit the needs of the business
- Being more targeted and responsive, and directing training where particular issues arise, to prevent the need for 2 carers or to prevent deterioration, working collaboratively with the OTAs and level 10

This is not just envisaged to be moving and handling training – the coordinator has been able to schedule in-house inductions by working collaboratively with Quality Assurance Team colleagues. Other mandatory training such as food hygiene and meds will be pursued once the team is in place.

Action: Create permanent Level 7 Trainer Post

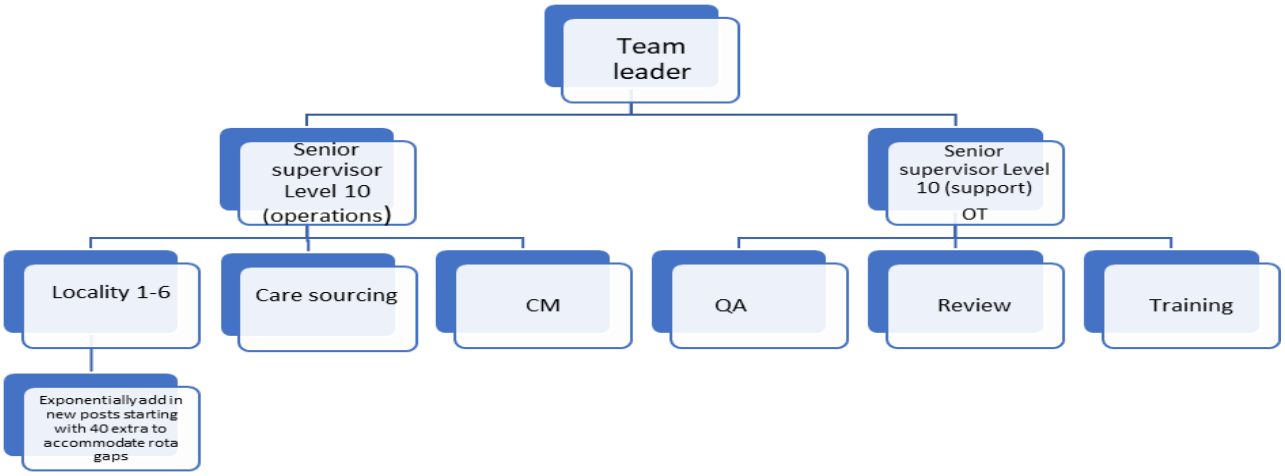

Figure 12: Proposed New Management Structure for Care at Home

5.8 Cost of New Management Structure

Area of Care at Home	Post Title	No. of FTE's	Level	Annual Amount	Description
Locality Model	Assistant Supervisor	1	9	50,577	Align Teams to locality models
Rota Management	Senior Supervisor	1	9	50,577	CM2000 assistance in rota management and reporting
Independence supports	Senior Supervisor	1	10	56,356	Oversee the Quality Assurance Team, the Review Team and the Training Team.
Review Team	Supervisor	1	9	50,577	Carry out reviews of care at home packages after 6 weeks and thereafter regular reviews
Review Team	Community Care Assistants	3	8	139,422	
Review Team	Occupational Therapy Assistants	2	7	82,968	
Training Team	Assistant Supervisor	1	7	41,484	Moving and Handling Training
	TOTAL	**10**		**471,961**	

5.9 Outcomes

Given the difficulties faced by the private sector and the 44% reduction in capacity within commissioned care there is a significant underspend within the commissioned care budget with significant overspends elsewhere across health and care services and a significant backlog. The approved transfer of £1.4m of underspend to care at home internal services (for carer posts) will increase the inhouse delivered service from 29% to 34% and the purchased care at home from 71% to 66%, based on the hours being purchased remaining at 6,625 per week**. Remaining underspend of £1m from commissioned budget to be invested in the care at home management structure and Racecourse Road**

The investment of £1.4m will enable recruitment of an additional 1,050 contracted hours per week. For each contracted hour 67% transfers to direct care capacity taking account of staff annual leave, training, sickness and travel time. This will result in the overall capacity increasing from 9,274 hours to 9,904 hours per week (7% increase)

5.8 Rebranding

Alongside the redesign we intend to rebrand the service and consult with relevant stakeholders on the title of home carer and the maintenance care service title.

Action: Consult stakeholders on rebranding of the Care at Home Service.

6.0 Summary and Recommendations

There has been significant investment in and redesign of services with the aim of mitigating rising demand due to demographic pressures. These improvements have been somewhat successful but have been undermined by a significant loss of capacity particularly in private Care at Home. These proposals set out the steps needed to further redesign the Care at Home Service in order to:

- Shift capacity from mainly private provision towards mainly in house provision.
- Increase overall care at home capacity from the current low by improving recruitment and retention into the in-house service.
- Reduce current demand and mitigate future rises in demand by ensuring a culture of Reablement and maximising independence across the system.

6.1 Summary of Costs

The new service redesign will cost £0.472m but will be cost neutral overall and will be paid for by shifting the current underspent budget from commissioned services.

It is recommended that the IJB approve the transfer of £0.472m from the commissioned Care at Home budget to the in-house budget to fund the proposed redesign.

Appendices

Appendix 1 CM business case

(BGR1)

Appendix 2 Review recommendations

Recommendation	Expected outcome	Actual Outcome	Next steps (if any or decision is achieved or not worth further action)
Restructure the team to have permanent management posts to strengthen the direction of travel of the service			
Strengthen the referral process			
Develop a review team			
Manage external capacity			
Develop an ongoing recruitment programme			
Develop a palliative care team			
Increase capacity on the flexible response team			
Offer a range of flexible contracts			
Out Of Hours			

Appendix 3 recruitment BRAG

BRAG may 23.xlsx

(BGR2)

Appendix 4 – recruitment initiatives

Email to council employees requesting support for casual contracts

Initiative with the college

Change to contracts

In person events – 2 x grain exchange, attendance at local summer events across the region, 2x DWP events, carers event.

Recruitment working group

Collaboration with the DWP re driving lessons

Appendix 5 – unused capacity report

Unused capacity report NEW FORMAT (BGR3)

Appendix 6 – investment proposals

Investment proposals Dec 22 final.docx (BGR4)

Appendix 7 – spreadsheet leavers and starters

Starter Leavers - Home Care .xlsx (BGR5)